

Name
in
Full

Mildred M. Braun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Ellicott City* ^{County} *Howard* **MARYLAND**

Date of death 1909 ^{Month} *Sept.* ^{Day} *24* ^{Years} *1* ^{Months} *02* ^{Days} *20*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *strays*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Edward Braun* Father's Birthplace *Maryland*

Mother's Maiden Name *Sadie Herzod* Mother's Birthplace *Maryland*

Name of person giving Information *Edward Braun* How related to deceased *Father*

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary *Cer. Tr. Spinal Meningitis* ^{How long} *18 days*

Immediate *Arthritis* ^{How long} *2 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. C. Stone
Ellicott City

Accident or Suicide



Name
in
Full

John N. Brengle

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elloak		County Howard		MARYLAND	
Date of death		Month 1909 Sept	Day 29th	Age 71	Years	Months	Days
Sex Male		Color or Race White		Birth-place Ohio			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife Husband Mrs Rebecca Crowwell					
Father's Name Ezra M. Brengle		Father's Birthplace Not Known					
Mother's Maiden Name Rachel Blackburn		Mother's Birthplace Ohio					
Name of person giving Information John E. Brengle		How related to deceased Son					

CAUSES OF DEATH

104 ✓

PHYSICIAN
OR CORONER

Primary	schfuna	How long	10 days
Immediate	Broken comm fracture	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. C. Spivey	
		Address Ellicott City Md.	
Accident or Suicide			

Lutheran Chapel Cemetery

Name
in
Full

CERTIFICATE OF DEATH

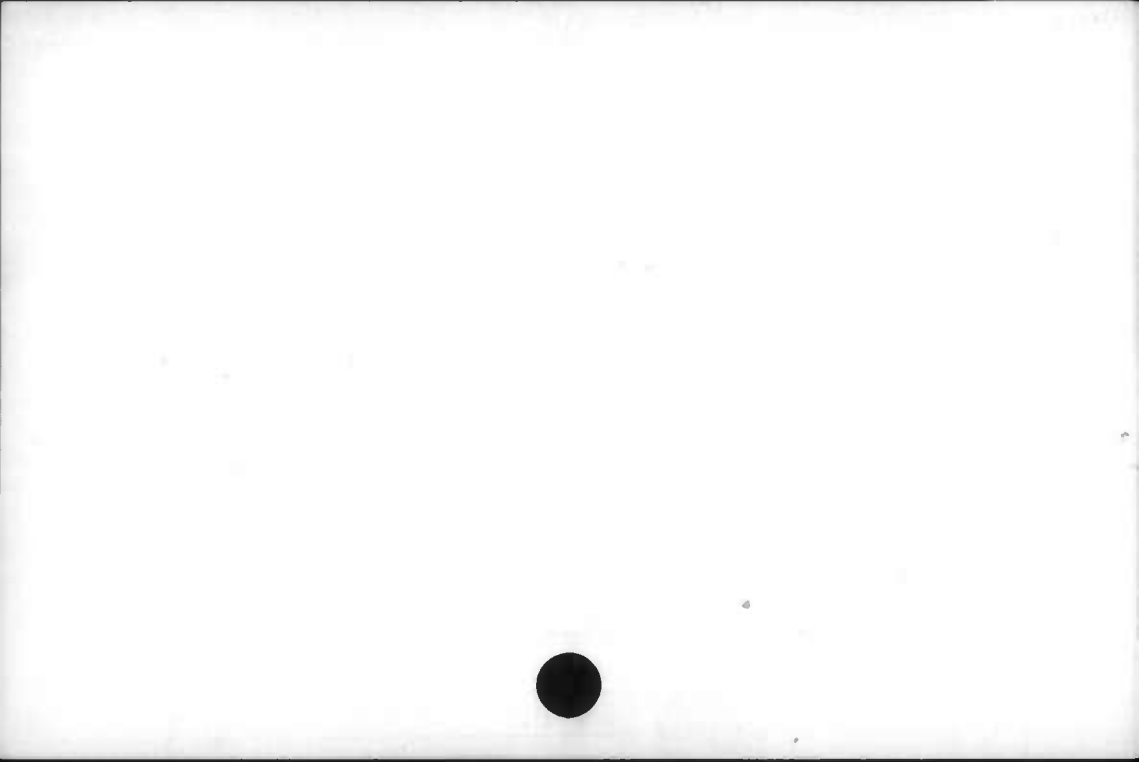
TO BE ANSWERED BY
NEAREST FRIEND

John T. Burniso
Died at Choak Howard
Town County
Date of death 190 9 Sept 7 Age 70 Months 2 Days 2nd
Sex Male Color or Race White Birth-place Ind
Occupation NO Where Residing if not at place of death Choak
Married, Single or Widowed Single Name of Wife or Husband NO
Father's Name George Burniso Father's Birthplace Ind
Mother's Maiden Name Mary Thompson Mother's Birthplace Ind
Name of person giving Information George Burniso How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysuria How long 1 month
Immediate Exhaustion How long 1 month
Are the name, age, sex, color, data and place correctly given above? yes
Signature of Physician S. A. Nicholls
Address Dayton Ind
Accident or Suicidal



Name
in
Full

William Cadger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Colerain Town Homan County

Date of death 1909 Sept Month 29 Day Age 73 Years Months Days

Sex Male Color or Race Black Birth-place Ind

Occupation Faturn Where Residing if not at place of death Colerain

Married, Yes Name of Wife or Husband Fannie Cadger

Father's Name Geo Cadger Father's Birthplace Ind

Mother's Maiden Name Crusley Mother's Birthplace Ind

Name of person giving information Lizzie Carrol How related to deceased Daughter

CAUSES OF DEATH

81

V

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis How long Several years

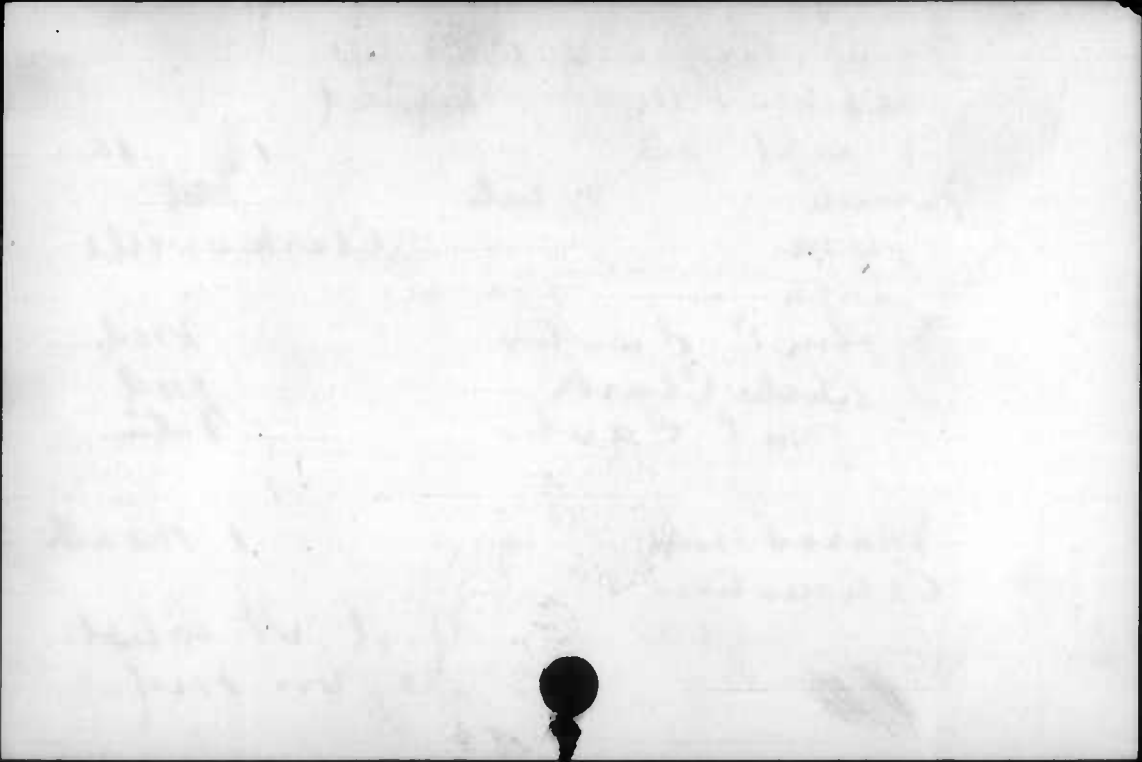
Immediate Senile debility How long 2 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W F Taylor

Address Laurel Ind

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Virginia Easter* Town *Clarksburg* County *Howard* MARYLAND
Died at *Clarksburg*
Date of death 1909 *Sept* *23* Age *1* Months *10* Days
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation *Hom* Where Residing if not at place of death *Clarksburg*
Married, Single or Widowed *Single* Name of Wife or Husband *Hom*
Father's Name *John C Easter* Father's Birthplace *Ind*
Mother's Maiden Name *Berta Clark* Mother's Birthplace *Ind*
Name of person giving Information *John C Easter* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *1 Month*
Immediate *Exhaustion* How long
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *S. A. Nichols*
Address *Dayton Ind*
Accident or Suicide



Name
in
Full

Millon Groh Farnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>9</i> ^{Month}	<i>17</i> ^{Day}	Age <i>25</i> ^{Years}	<i>1</i> ^{Months} <i>22</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Arden Baltimore</i>		
Occupation <i>Machinist</i>	Where Residing if not at place of death <i>Elk Ridge</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edw E Downey</i>				
Father's Name <i>Samuel Farnson</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>Mary Carter</i>	Mother's Birthplace <i>Elk Ridge</i>				
Name of person giving information <i>Sarah Carter</i>	How related to deceased <i>Grandmother</i>				

CAUSES OF DEATH

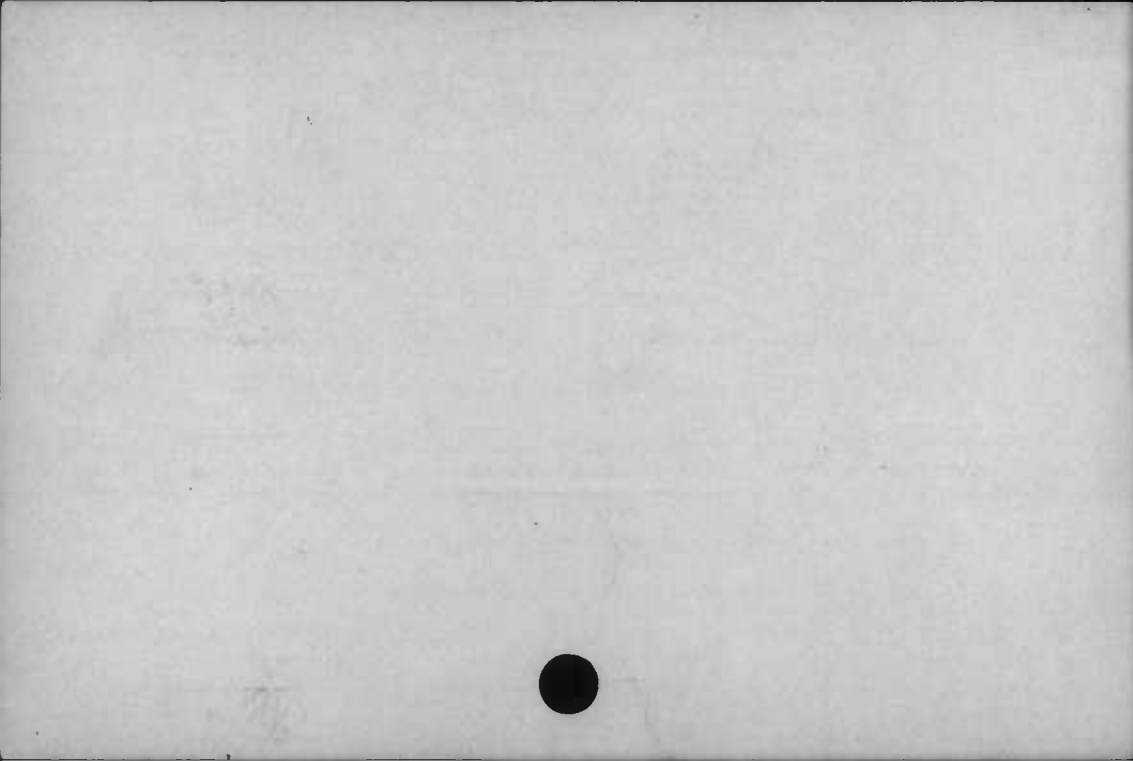
27 ✓

How long *eight months*

How long *some*

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	
Immediate <i>some</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Ind</i>
Accident or Suicide? <i>no</i>	



Name
in
Full✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henrietta Forrest</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Died at		Month <i>Sept.</i>		Day <i>6</i>		Years <i>87</i>	
Date of death 190 <i>9</i>		Month <i>Sept.</i>		Day <i>6</i>		Age <i>87</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House Duties</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jonathon Forrest - deceased</i>					
Father's Name <i>Eli Kindel</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Hannah Kindel</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Mary Ann Young</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH							

154 ✓

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>4 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos B Orrings</i>	
		Address <i>Ellicott City</i>	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; margin-right: 10px;"></div> <div> <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide </div> </div>			

792

Name
in
Full

Sussie Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		County <i>Haward</i>		MARYLAND	
Date of death	1909	Month	Sept.	Day	26
Age	5	Months	20	Days	20
Sex	Female	Color or Race	colored	Birth-place	Maryland
Occupation	none	Where Residing if not at place of death <i>Ellicott City</i>			
Married, Single or Widowed	Single	Name of Wife or Husband <i>none</i>			
Father's Name	Thomas Harris			Father's Birthplace	Pa
Mother's Maiden Name	Sussie Johnson			Mother's Birthplace	Maryland
Name of person giving information	Thomas Harris			How related to deceased	Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	? Patient dead when seen	How long	—
Immediate	Convulsions: Statement of nurse	How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm B Gambrell</i>
Yes		Address	<i>Ellicott City, Md.</i>
Accident or Suicide?			



2672

Name
in
Full

John Hemler Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} near Eek Ridge ^{County} Howard MARYLAND

Date of death 1909 ^{Month} Sept. ^{Day} 19 Age ^{Years} 0 ^{Months} 0 ^{Day} 15

Sex Male Color or Race White Birth-place Eek Ridge

Occupation None Where Residing if not at place of death Eek Ridge

~~Married~~, Single Name of Wife or Husband none

Father's Name John W. Hemler Father's Birthplace Pennsylvania

Mother's Maiden Name Clara Smith Mother's Birthplace " "

Name of person giving Information Mrs. Jno. W. Hemler How related to deceased Mother

CAUSES OF DEATH

151

✓

PHYSICIAN
OR CORONER

Primary Marasmus How long 15 days

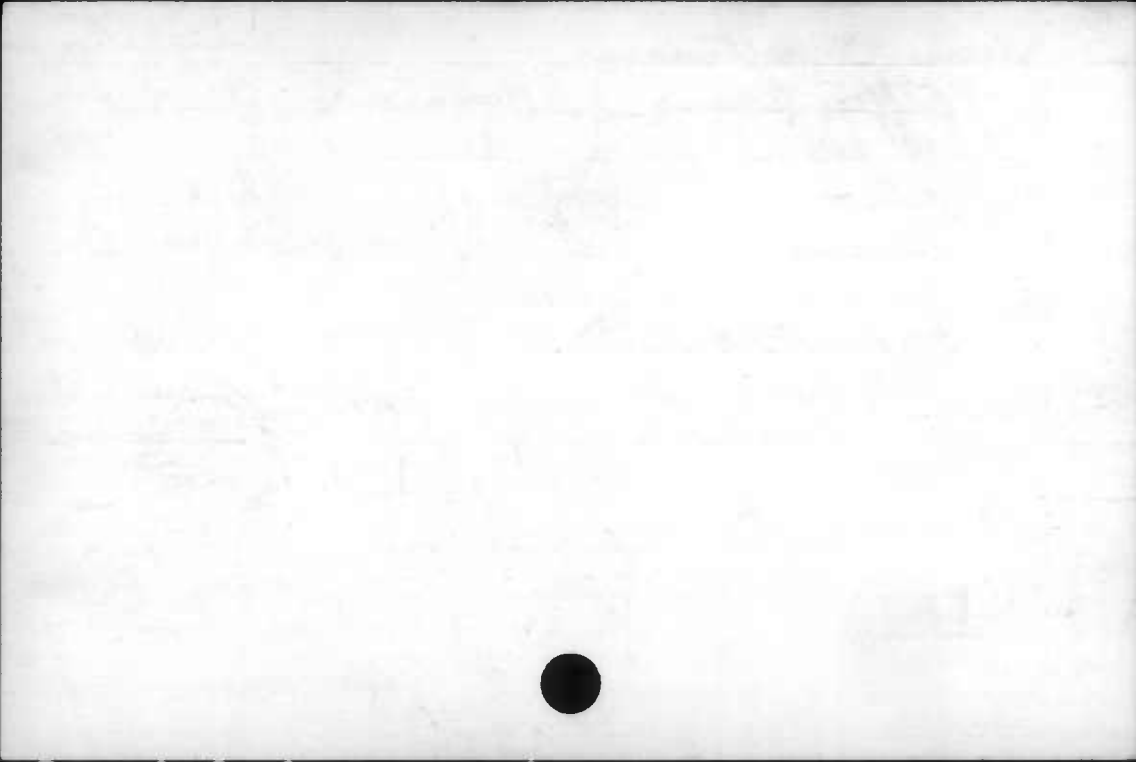
Immediate Inanition How long 15 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm. R. Eareckson

Address Eek Ridge, Md.

J. Eareckson



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry C. Haltman

Town

County

MARYLAND

Died at

Pfeffers Corners

Howard

Date

Month

Day

Years

Months

Days

of death

1909 Sept.

25

Age

69

2

13

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Sardner

Where Residing If not
at place of death

Howard Co

Married, Single
or Widowed

widower

Name of Wife or
HusbandFather's
Name

Frederick Haltman

Father's
Birthplace

Germany

Mother's
Maiden Name

Sophia

Mother's
Birthplace

Germany

Name of person giving
Information

Mrs Robert Pfeiffer

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Initial Resuscitation

How long

5 yrs

Immediate

Rt. Paralysis

How long

24 hours

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

Marshall B. West
Catonsville Md.PHYSICIAN
OR CORONER

Accident or Suicide

Jos. B. Cook.
B. New Cathedral.

Name
in
Full

Charles E. Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>12</i>		Age <i>52</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>West Virginia</i>			
Occupation <i>Station agent BROOK</i>		Where Residing if not at place of death <i>resided at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah A Hubbard</i>					
Father's Name <i>Robert C Hubbard</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>Eliza J Baugher</i>		Mother's Birthplace <i>not known</i>					
Name of person giving Information <i>Robert Hubbard</i>		How related to deceased <i>brother</i>					

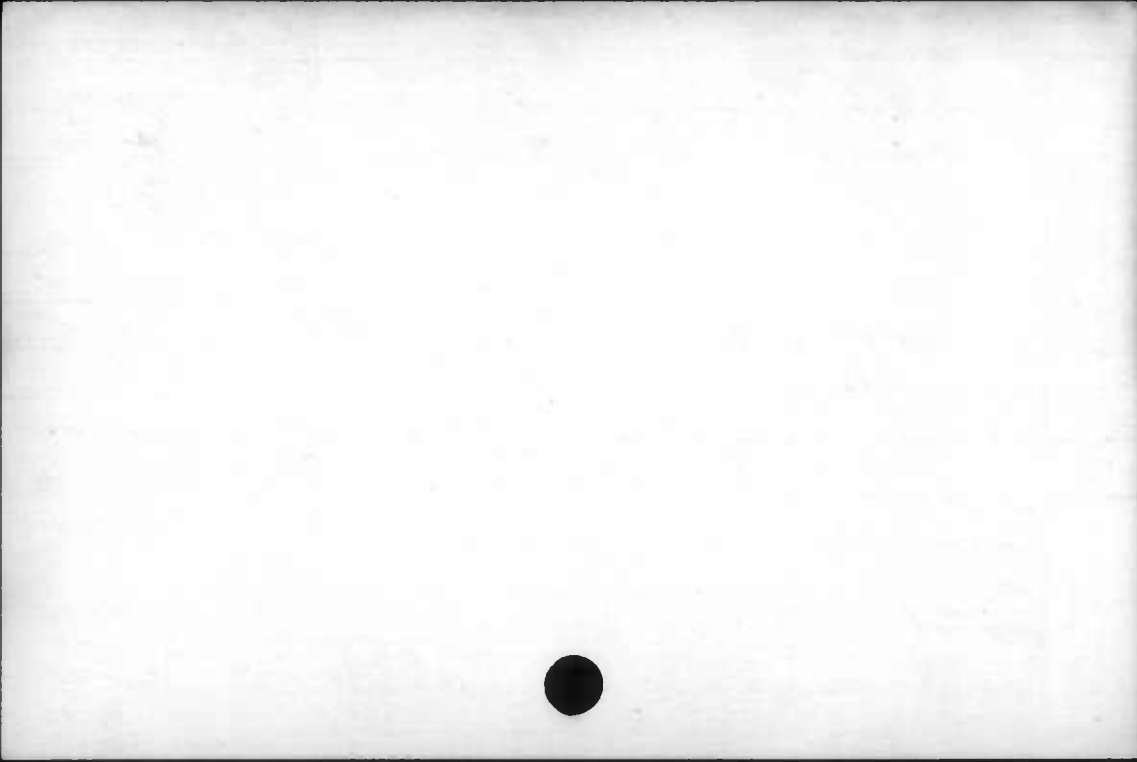
CAUSES OF DEATH

27

✓

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>19 years</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur Williams</i>	
<i>yes</i>		Address <i>Elk Ridge Md</i>	
Accident or Suicide <i>no</i>			



Name
in
Full

Earl J. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fulton</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	1909	Month	Sept	Day	27
Age	<i>No</i>		Years	Months	2
Sex	<i>Male</i>		Color or Race	<i>White</i>	Birth-place
Occupation	<i>None</i>		Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>		
Father's Name	<i>G. L. Johnson</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Maggie L. Johnson</i>			Mother's Birthplace	<i>md</i>
Name of person giving Information	<i>Obtained from Maggie L. Johnson</i>			How related to deceased	<i>Mother</i>

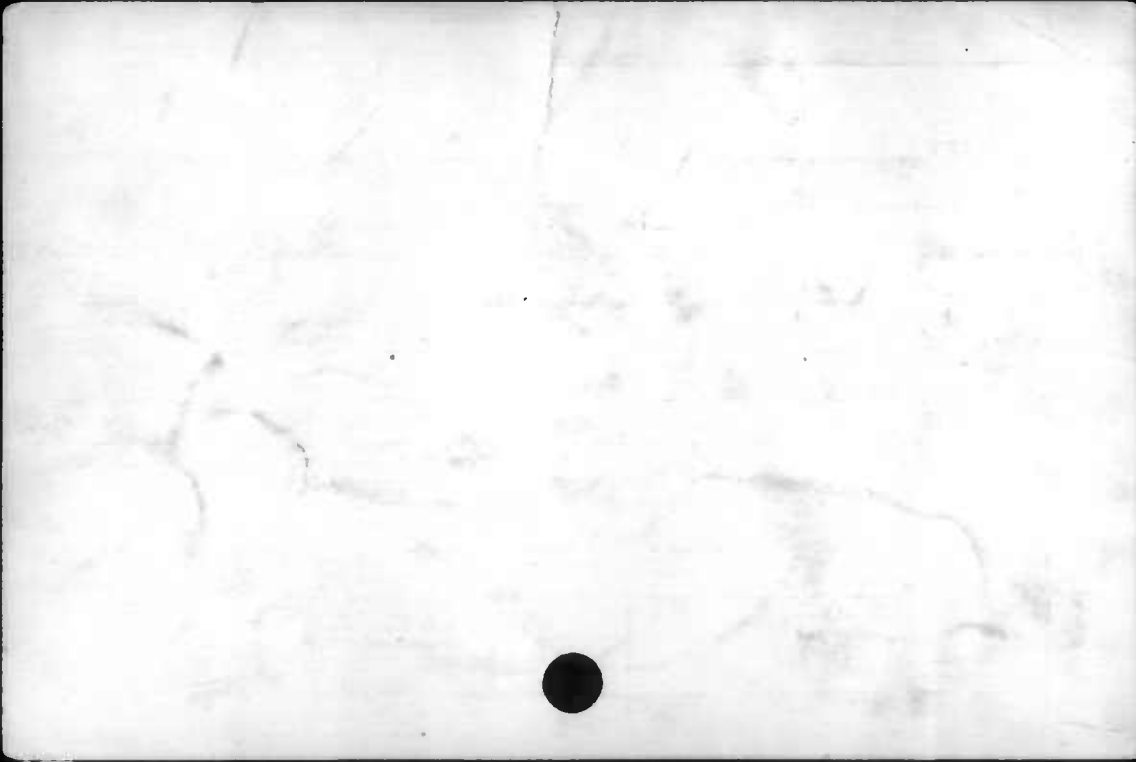
CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>1 month</i>
Immediate	<i>Marasmus</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>T. H. L. Cress</i>
Address			
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Albert. King

Town

County

Died at near Roseburg Mills

Howard

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Sept.

23.

Age

86.

5.

13

Sex

Male

Color or
Race

Negro

Birth-
place

Maryland.

Occupation

Farm Laborer.

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Sarah King

Father's
Name

Henry King

Father's
Birthplace

Md.

Mother's
Maiden Name

Don't know.

Mother's
Birthplace

Don't know.

Name of person giving
In formation

Lucy Wallace

How related
to deceased

Daughter

CAUSES OF DEATH

79

✓

Primary

Heart & Kidney disease

How long

About 2 years

Immediate

Anasarca.

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Don't know.

Signature of
Physician

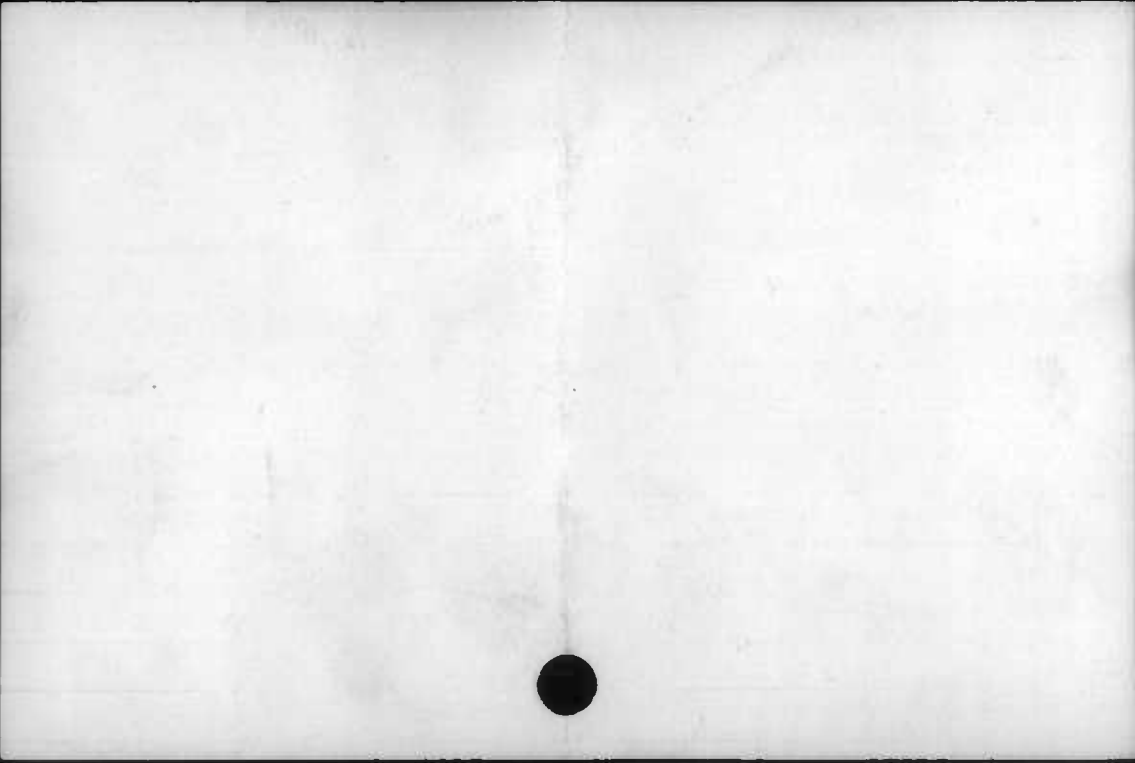
Address

J. W. Lacy
Lisbon

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND.PHYSICIAN
OR CORONER



Name
in
Full

Albert Moore Jr

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at Guilford ^{Town} Howard ^{County} **MARYLAND**

Date of death 190 9 ^{Month} 9 ^{Day} 26 Age 1 ^{Months} 21 ^{Days}

Sex male Color or Race colored Birth-place Md

Occupation Infant Where Residing if not at place of death Guilford

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Albert Moore Father's Birthplace Md

Mother's Maiden Name Willie Hepburn Mother's Birthplace Md

Name of person giving Information Albert Moore How related to deceased Father

CAUSES OF DEATH

104 ✓

PHYSICIAN
OR CORONER

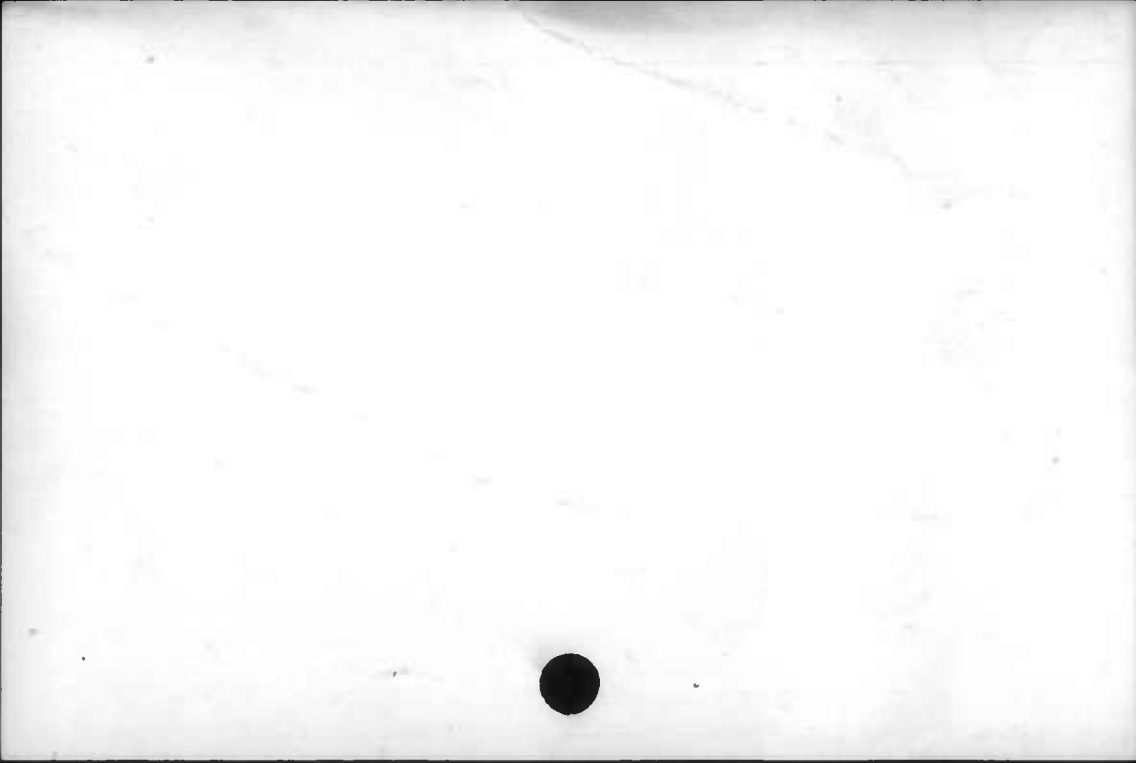
Primary Indigestion How long 7 days

Immediate Concussions & exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. L. Williams MD

Address Savage

Accident or Suicide Neither



Name
in
Full

Samuel Moscu

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Woodstock ^{County} Howard MARYLAND
 Date of death 1909 ^{Month} Sept. ^{Day} 4 Age ^{Years} 38 ^{Months} ^{Days}
 Sex Male Color or Race White Birth-place Austria
 Occupation Laborer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband not known
 Father's Name not known Father's Birthplace not known
 Mother's Maiden Name not known Mother's Birthplace not known
 Name of person giving Information Tom Micky How related to deceased Cousin

CAUSES OF DEATH

Primary R. R. Accident

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward J. Jones,
Coroner.

Accident or Suicide

Elliott City, Md.



296

Name
in
Full

Francis M. Eckels Mullinix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept.</i>	Day <i>9</i>	Age <i>8</i> ^{Years}	Months <i>8</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Joshua Mullinix</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Nellie J. Eckels</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>F. M. Eckels</i>			How related to deceased <i>Grand father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteric-Colitis</i>	How long <i>1 month</i>
Immediate <i>Asthenia</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. L. Cissell</i>
	Address <i>Highland. Md.</i>
Accident or Suicide?	



76

Name
In
Full

Margaret Antoinette Penn.

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

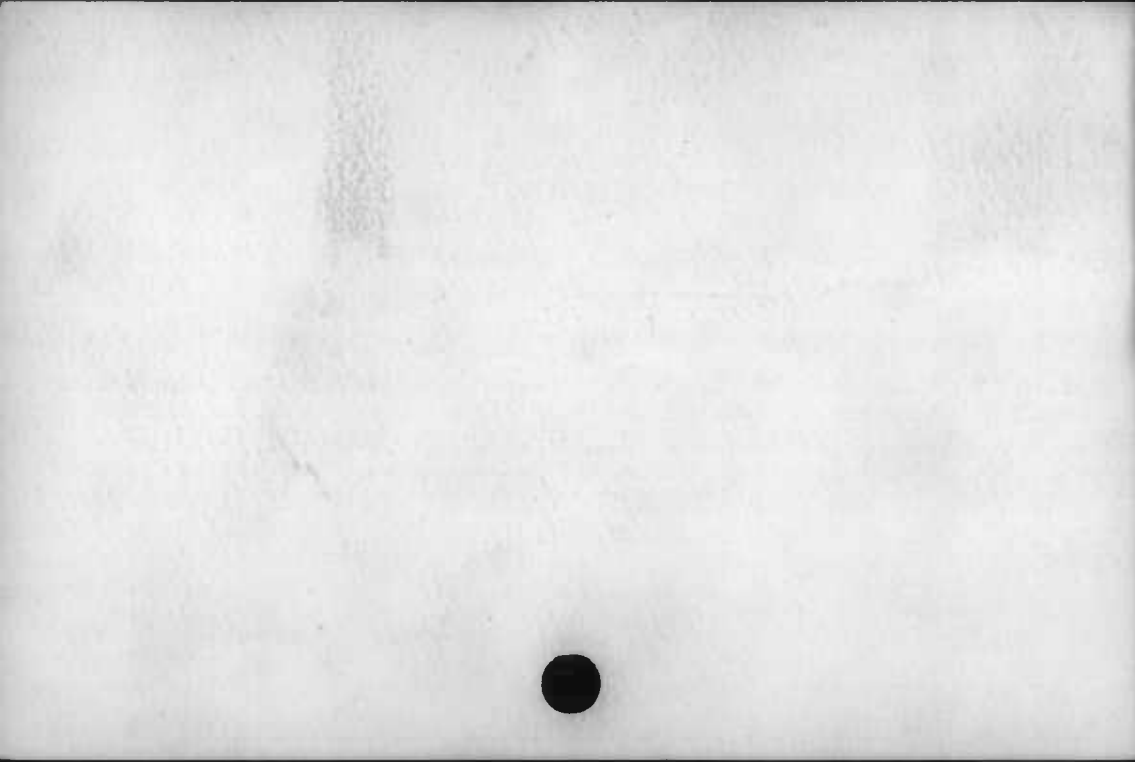
Died at		Town Long Corner		County Howard		MARYLAND	
Date of death	1909	Month September	Day twenty-third	Age 71	Years	Months 2	Days 21
Sex	Female		Color or Race	White		Birth- place	Browningsville Montgomery Co.
Occupation	Housewife			Where Residing if not at place of death Long Corner.			
Married, Single or Widowed	Married		Name of Wife or Husband	James Penn			
Father's Name	John Lewis Purdum					Father's Birthplace	Clarksville, Tenn.
Mother's Maiden Name	Jemima King					Mother's Birthplace	Clarksburg, Md.
Name of person giving In formation	Effie A. Penn					How related to deceased	Daughter.

CAUSES OF DEATH

64 ✓

PHYSICIAN
OR CORONER

Primary	acute Indigestion & Cerebral Hemorrhage	How long	3 months
Immediate	Cerebral Hemorrhage	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. E. Brownell
		Address	W. C. King Md.
Accident or Suicide?			



Name
in
Full

Emily O Quill

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodstock</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept</i>	Day <i>4</i>	Age	Months <i>6</i> Days <i>25</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Single</i>				
Father's Name <i>Monie F Quill</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Julia Crooks</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>M. F. Quill</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cerebral Spinal Hemorrhage</i>	How long <i>1 week</i>	
	Immediate <i>Exhaustion & Coma</i>	How long <i>4 days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Triple and</i>	
	Address <i>Grand</i>	<i>Ind</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Irory* Town *Howard* County *1*
 Date of death *1909 Sept. 24* Month *24* Day *23* Age *23* Years *23* Months *—* Days
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____
 Father's Name *Asborne R. Ridgley* Father's Birthplace *Howard Co*
 Mother's Meiden Name *Agnes Paul Day* Mother's Birthplace *Howard Co*
 Name of person giving Information *J Osborne R. Ridgley* How related to deceased *Father*

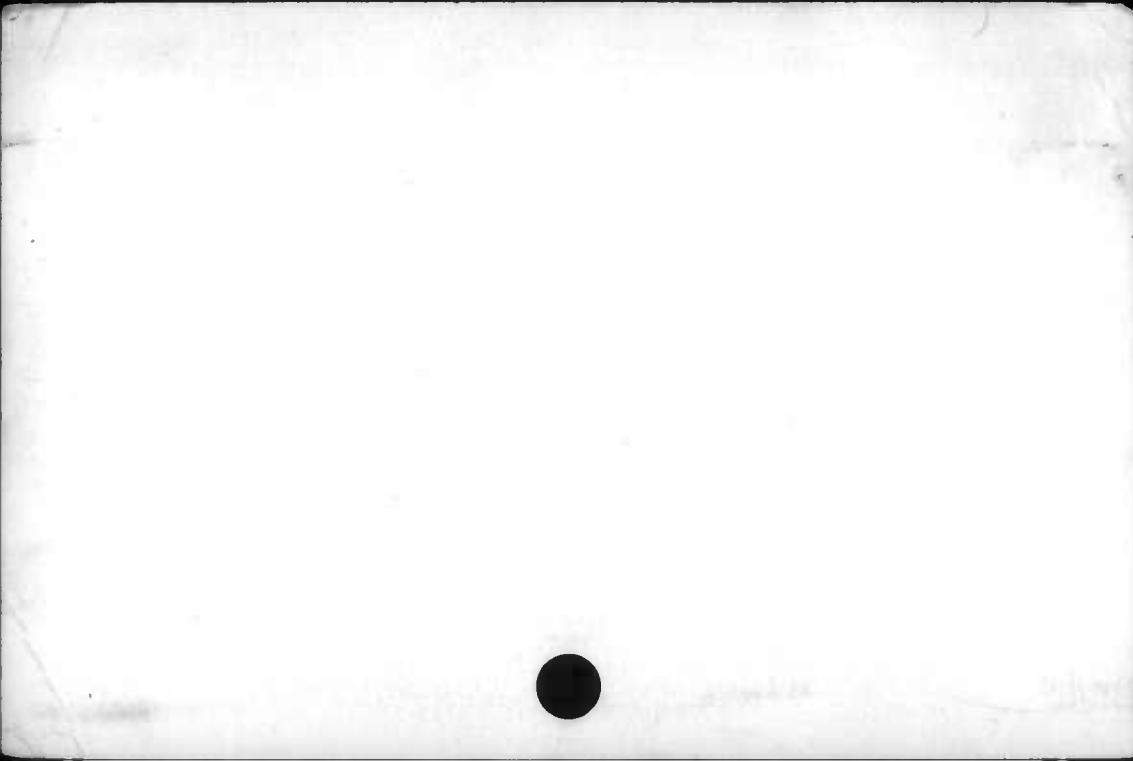
CAUSES OF DEATH

105

Primary *Cholera Infantum* How long *8 days*
 Immediate *ex haecation* How long _____

Are the name, age, sex, color, date and piece correctly given above? *yes*
 Signature of Physician *John W. H. H.* Address *West Friendship Howard Co*
 Accident or Suicide _____

PHYSICIAN
OR CORONER



Name
in
Full

Rachel Anne Smithson

CERTIFICATE OF DEATH ✓

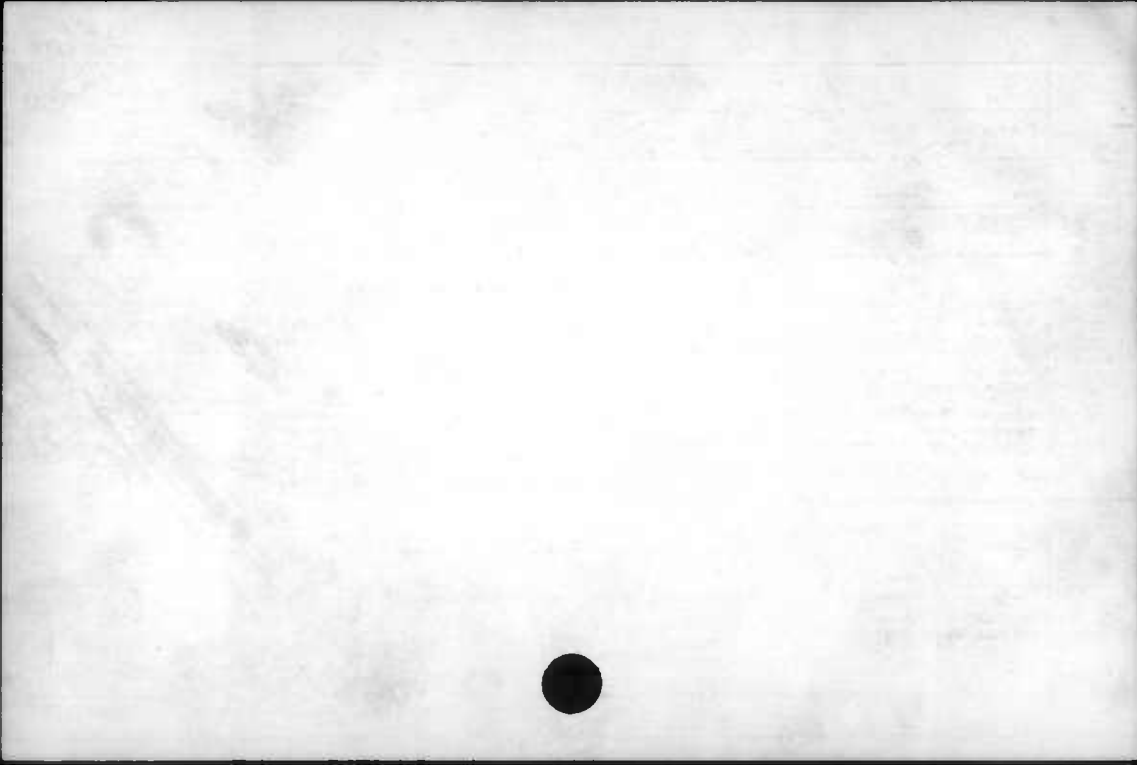
TO BE ANSWERED BY
NEAREST FRIEND

Diad at	ELK Ridge	County	Howard	MARYLAND							
Date of death	1909	Month	Sept	Day	21	Age	77	Months		Days	
Sex	female	Color or Race	white	Birth-place	Maryland						
Occupation	housewife	Where Residing if not at place of death	resided at place of death								
Married, Single or Widowed	married	Name of Wife or Husband	Hegzekiah Smithson								
Father's Name	Alton Harvey	Father's Birthplace	Maryland								
Mother's Maiden Name	Ann Williams	Mother's Birthplace	Maryland								
Name of person giving Information	Chas F Smithson	How related to deceased	Son								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral hemorrhage	How long	64 ✓ 14 hours
Immediate	same	How long	same
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Williams
		Address	ELK Ridge Md
Accident or Suicide	no		



Name
in
Full

(Stillborn) No Name Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellcott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Sept.</i>	Day	<i>26</i>
Age		<i>20</i>	Years	Months	<i>no</i>
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Maryland</i>
Occupation		<i>none</i>			
Where Residing if not at place of death		<i>Ellcott City</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>Louis Taylor</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Maudie Burley</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Louis Taylor</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn</i>	How long	<i>8</i>
Immediate	<i>Stillborn</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Liza Mathews</i>		
	Address <i>Midwife</i>		
Accident or Suicide?			



411

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert J. Taylor

Town City County

Died at *Ellicott City* *Boward* **MARYLAND**

Date of death 1909 Sept. 19 Age 5 Months no Days

Sex *Male* Color or Race *Colored* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *Single* Name of Wife or Husband *Anne*

Father's Name *Wm. Taylor* Father's Birthplace *Ind.*

Mother's Maiden Name *Elizabeth Brown* Mother's Birthplace *Ind.*

Name of person giving Information *Anne Taylor* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *Since Birth*

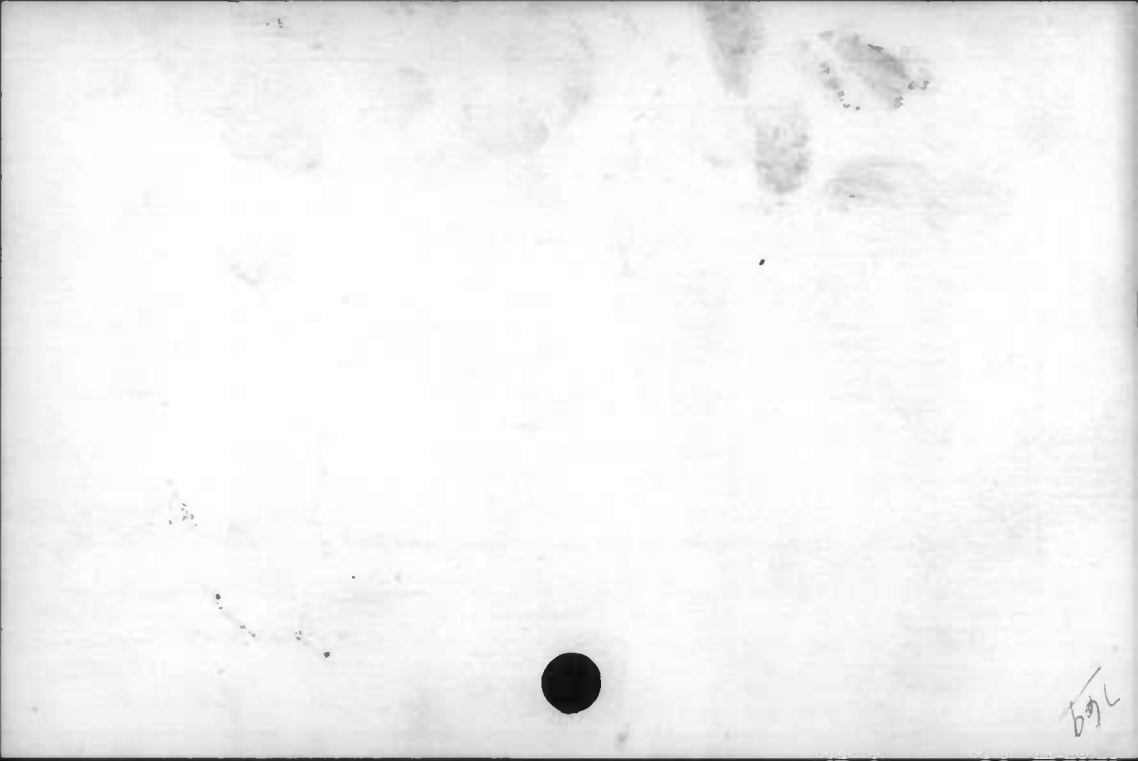
Immediate *Asthma* How long *Since Birth*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. B. Lambrell*

Address *Ellicott City, Md.*

Accident or Suicide



Name
in
Full

Ernest Elwood Watkins

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

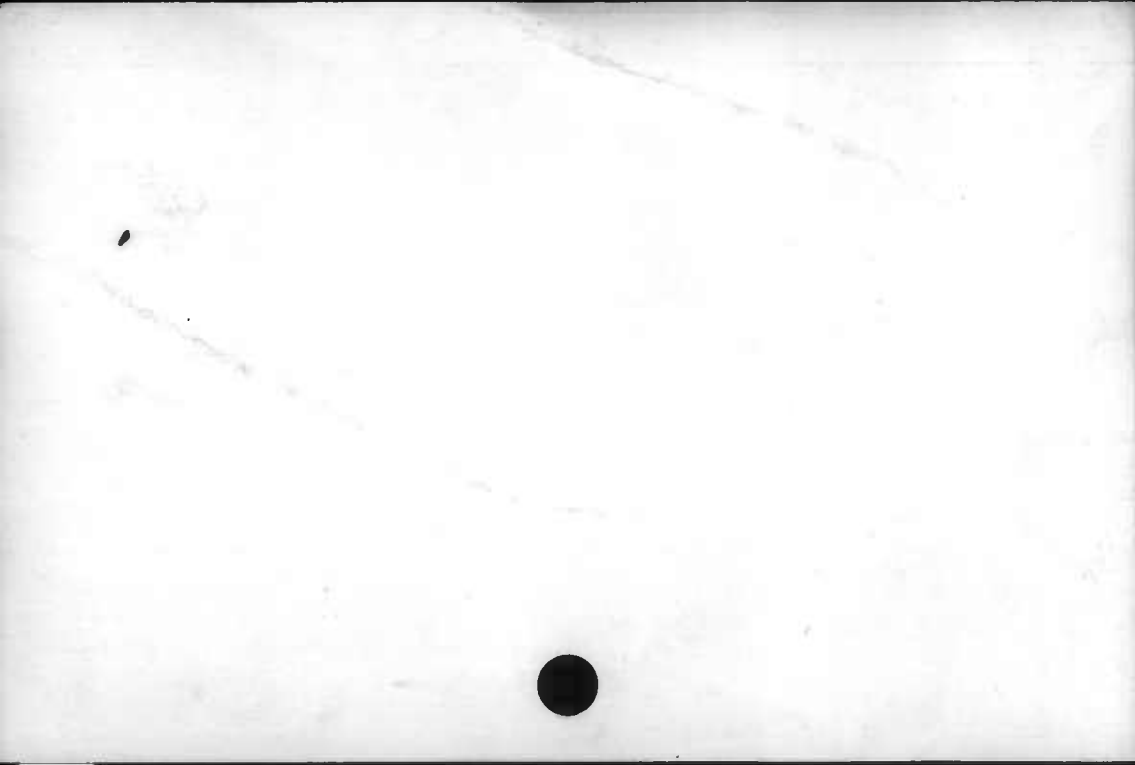
Died at		Town Jessup		County Howard		MARYLAND	
Date of death 1909		Month 9	Day 19	Age		Months 11	Days 20
Sex male		Color or Race white		Birth- place Md			
Occupation Infant		Where Residing if not at place of death Jessup					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name C. Elwood Watkins		Father's Birthplace Md					
Mother's Name Mabel G. Babbitt		Mother's Birthplace Michigan					
Name of person giving Information Hellen C. Babbitt		How related to deceased Grand-mother					

CAUSES OF DEATH

104 ✓

PHYSICIAN
OR CORONER

Primary	Chronic Indigestion		How long	2 mos +
Immediate	Exhaustion		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician W. H. Whittemore M.D.	
Address		Savage Md		
Accident or Suicide		Neither		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Robert H Weber*

Town *Elkridge* **County** *Howard* **MARYLAND**

Died at *Elkridge* **Month** *July* **Day** *17* **Years** *10* **Months** *0* **Days** *0*

Date of death *1909 July 17* **Age** *10*

Sex *Male* **Color or Race** *White* **Birth-place** *Baltimore County*

Occupation *none* **Where Residing if not at place of death** *Elkridge Md*

Married, Single or Widowed *Single* **Name of Wife or Husband** *Charles Weber*

Father's Name *Charles Weber* **Father's Birthplace** *Baltimore*

Mother's Maiden Name *Ellice Moore* **Mother's Birthplace** *Howard Co*

Name of person giving Information *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

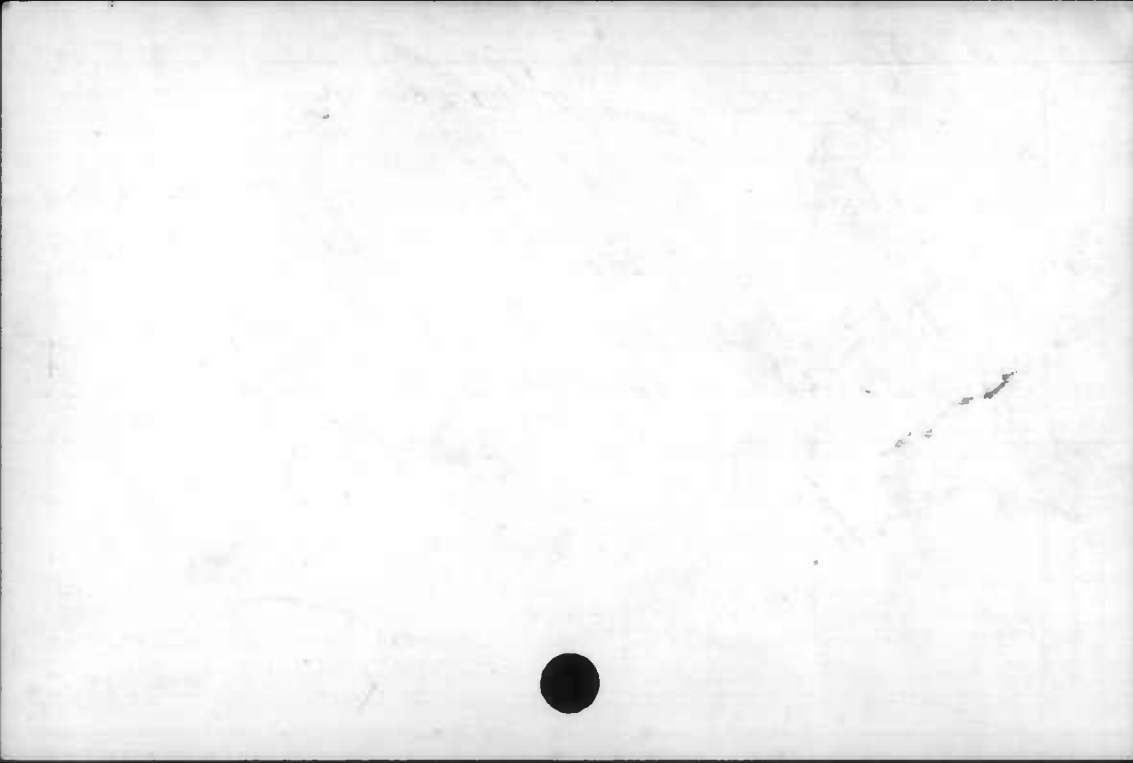
Primary *Typhoid Fever* **How long** *4 weeks*

Immediate *same* **How long** *same*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Arthur Williams* **Address** *Elkridge Md*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH ✓

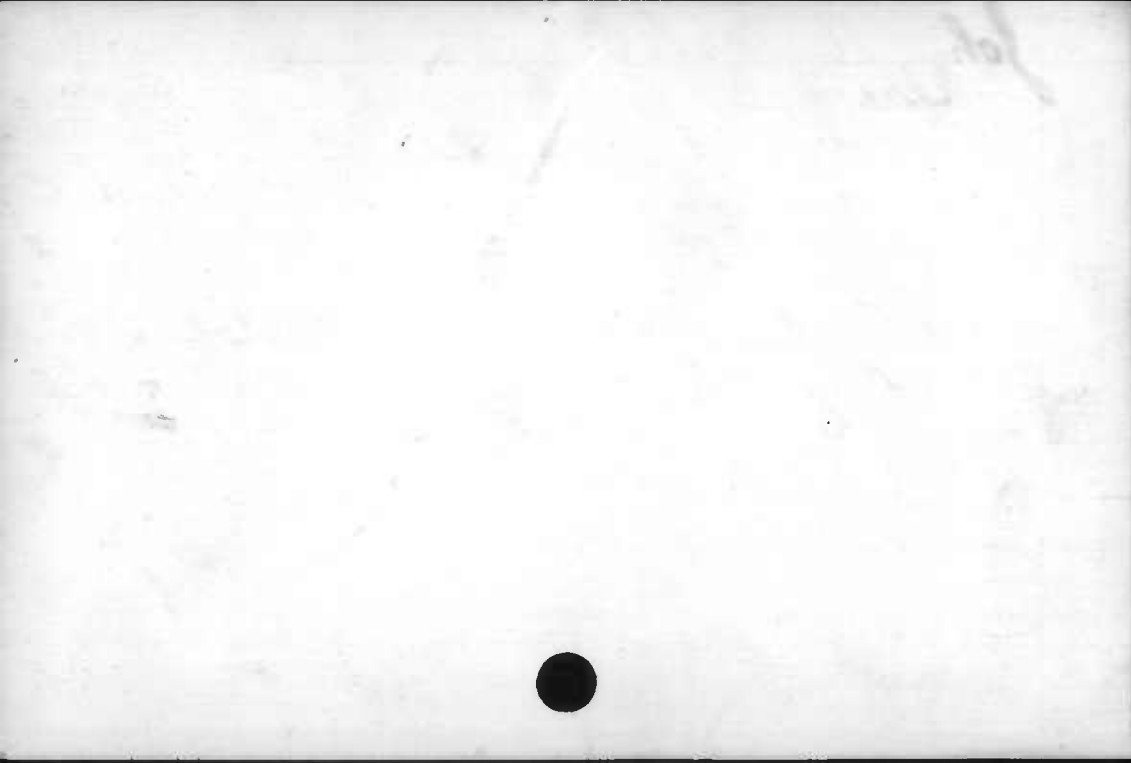
TO BE ANSWERED BY
NEAREST FRIEND

John R Weber
Died at ~~Elkridge~~ ^{Town} Howard ^{County} MARYLAND
Date of death 1909 Sep 7 Age 12 Months Days
Sex Male Color or Race White Birth-place Howard Co
Occupation none Where Residing if not at place of death Resided at Elkridge
Married, Single or Widowed Single Name of Wife or Husband ✓
Father's Name Charles Weber Father's Birthplace Ballo Cont
Mother's Maiden Name Alice R Moor Mother's Birthplace Howard Co
Name of person giving Information Charles Weber How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever How long 18 days
Immediate none How long none
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Arthur Williams
Address Elkridge Md
Accident or Suicide no



Name
in
Full

Sarah Elizabeth Yates

✓
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ellicott City* ^{Town} *Howard* ^{County} **MARYLAND**
Date of death *1909* ^{Month} *Sept* ^{Day} *12* Age *2* ^{Years} *2* ^{Months} *8* ^{Days}
Sex *Female* Color or Race *White* Birth-place *Maryland*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Samuel J. Yates* Father's Birthplace *Md*
Mother's Maiden Name *Lucy J. Harrison* Mother's Birthplace *Md*
Name of person giving Information *Samuel J. Yates* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough, Broncho-Pneumonia* ^{How long} *4 weeks*

Immediate *Cerebral Congestion, Exhaustion* ^{How long} *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. B. Hambrill*

Address *Ellicott City, Md*

Accident or Suicide

